



MIAMI-DADE PUBLIC HOUSING AGENCY
INFORMAL REVIEW REQUEST FORM

Use this form if you have been determined ineligible for housing and are requesting an informal review. Complete this form and mail or fax to the MDPHA, Applicant and Leasing Center.

Last Name: _____ (Required) First Name: _____ (Required) MI: _____

Entity #: _____ (Required) Social Security #: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Alternate/Cellular #: _____

Did you receive a determination of ineligible letter? ☐ Yes ☐ No

Date of Letter: _____ Reason for Denial of Ineligibility: _____

ATTACH A COPY OF YOUR INELIGIBILITY LETTER TO THIS FORM – FAILURE TO ATTACH THE LETTER WILL RESULT IN A DELAY IN THE SCHEDULING YOUR HEARING.

Fax this completed form to: 305 638-6407

-or-

**Mail this completed form to:
Applicant and Leasing Center
2925 NW 18 Ave
Miami, Florida 33142**

You must request an informal review within the timeframe specified in your ineligibility letter. If you have any questions, contact the MDPHA Hearing Unit at 786 469-4300 or TDD/TTY at 305 638-6014. (DO NOT CALL TO REQUEST AN INFORMAL REVIEW).

The date, time, and location of the informal hearing will be mailed to you after the Informal Review Unit receives and reviews your **written** request.

X _____
(Your Signature)

(Date)

☐ Check this box if you require a reasonable accommodation to assist you with the hearing process. You will be contacted at the telephone number you list above by the Informal Review Unit concerning your request.



This material is available in an accessible format upon request.

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